



Instructions for MaineCare Home Health Services Notification Cover Sheet

The purpose of this form is to inform the Department of Health and Human Services (DHHS) of the initiation, recertification, addition of services, or units of Home Health Services for a MaineCare member.

The form is submitted along with any required additional information. This allows the Department to perform a Utilization Review of the Home Health Services (Section 17.01-18) being provided.

Section 1: Notification Information: *Required Fields

- * **Certification Number: Initial Requests (Start of Care)** will receive a system generated **Certification Number**. All future updates to the **request** must include the original "**Certification Number**" or the request will be returned to the provider. This **Certification Number** is **NOT** a **Prior Authorization Number**; rather, it is a tracking number to be used by MaineCare for Utilization Reviews.
- * **Provider Name and NPI #:** Enter the Home Health Agency name and the National Provider Identification Number (NPI).
- * **Member Name and ID #:** Enter the complete name and MaineCare identification number of the member who is receiving services.
- * **Certification Dates:** Enter the certification period **start** and **end** dates using mm/dd/yyyy. This identifies the period covered by the physician's plan of care.
- * **Date Notice Completed:** Enter the date the notice was completed.
- * **Fax #:** Enter the Home Health Agency's Fax # to be used to request additional information.

Section 2: Type of Notification: Either Start of Care Notice, Recertification Notice, Additional Service Notice or Additional Unit(s) Notice **must be checked** or the form will be returned to the provider.

Start of Care Notice: To be checked if the notification is an Initial Start of Care.

(Section 2 cont'd)

Recertification Notice: Check this box when notification is sent for additional certification after an “Initial Start of Care” request.

Additional Service Notice: Check this box when the notification is for services to be added to the initial notification (adding PT to Skilled Nursing Services already in place).

Additional Unit Notice: Check this box when the notification is for additional units to be added to the initial notification.

Supporting Documentation: Check this box when additional supporting documents are submitted to DHHS to be included with the “Plan of Care”.

Discharge Date: Enter the mm/dd/yyyy date that the Home Health Services were discontinued.

Section 3: Completed Documentation: Note all documentation must be submitted with a notification cover sheet.

Plan of Care Attached: Check this box needs when a required “Plan of Care” is submitted with the notification cover sheet.

Addendum Sheets: Check this box when a “Plan of Care” addendum sheet is submitted with the notification cover sheet; if applicable.

Date of Locus: Enter the mm/dd/yyyy date when the last “Level of Care Utilization System (LOCUS)” was completed according; to Section 40.02.4 and Section 17.02. The LOCUS assessment is completed to confirm eligibility for psychotropic medication monitoring. The agency does not need to send the LOCUS form with a notification. The form however; must be made available by the Home Health Provider if requested.

Date Face to Face Completed: Enter the mm/dd/yyyy date that the visit with the member was completed at the start of care. The agency does not need to send the MD report of the visit. The form however; must be made available by the Home Health Provider if requested.

Section 4: Services to be Utilized: Information must be completed for services intended to be utilized.

Proc. Code (Procedure Code): Enter the accurate procedure code for the services (Nursing, Physical Therapy (PT), Occupational Therapy (OT), etc.) being requested. HCPC codes can be located in the MaineCare Benefits Manual, Chapter III, Section 40.

Modifier: Enter the modifier to the procedure code when applicable (Example: G0154**TD**).

Units: Enter number of units to be utilized.